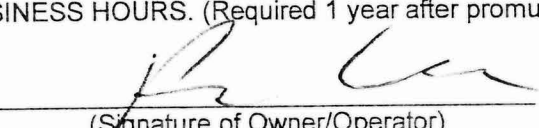
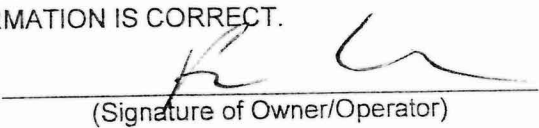


# EPA Notification of Demolition and Renovation

Operator project #	Postmark	Date Received	Notification # <i>2016-0203</i> <i>38506</i>		
<b>I. TYPE OF NOTIFICATION</b> (O = Original R = Revised C = Canceled): <b>O</b>					
<b>II. FACILITY INFORMATION</b> (Identify owner, removal contractor and other operator)					
OWNER NAME: New Jersey Department of Treasury					
Address: 20 West State St.					
City: Trenton	State: NJ	Zip: 08625			
Contact: Todd Jones	Tel: 908-984-4710				
REMOVAL CONTRACTOR: Jupiter Environmental Services, Inc.					
Address: 323 Changebridge Road, Suite 100					
City: Pine Brook	State: NJ	Zip: 07058			
Contact: Pane Repic	Tel: 973-575-8700				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
<b>III. TYPE OF OPERATION</b> (D = Demo, O = Ordered Demo, R = Renovation, E = Emer. Renovation): <b>R</b>					
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No) <b>Yes</b>					
<b>V. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number)					
Building Name: Tramburg, JJC Johnston Campus					
Address: 99 Burlington St.					
City: Bordentown	State: NJ	County: Burlington			
Site Location: 1 <sup>st</sup> Floor, basement					
Building Size: 60,000 SF	# of floors: 2	Age in Years: ~50			
Present Use: Partially Vacated	Prior Use: Office				
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Bulk Sampling					
<b>VII. APPROPRIATE AMOUNT OF ASBESTOS, INCLUDING:</b>	RACM To Be Removed	Nonfriable Asbestos Material Not to be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed		Cat I	Cat II	UNIT	
Pipes	500			LnFt:	Ln m:
Surface Area				SqFt:	Sq m:
Vol RACM Off Facility Compound				CuFt:	Cu m:
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL</b> (mm/dd/yy)		Start: 2/16/2016		Complete: 3/25/2016	
<b>IX. SCHEDULED DATES DEMO/RENOVATION</b> (mm/dd/yy)		Start:		Complete:	

## Notification of Demolition and Renovation (continued)

<b>X.</b>	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: As part of building renovations, pipe fittings as well as non-friable floor tile/mastic and are being removed.		
<b>XI.</b>	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Asbestos to be removed by wet methods in accordance to NJ DCA Subchapter 8 rules and regulations.		
<b>XII.</b>	WASTE TRANSPORTER # 1		
	Name: Jupiter Environmental Services, Inc.		
	Address: 323 Changebridge Road, Suite 100		
	City: Pine Brook	State: NJ	Zip: 07058
	Contact Person: Pane Repic	Tel: 973-575-8700	
	WASTE TRANSPORTER # 2		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:	Tel:	
<b>XIII.</b>	WASTE DISPOSAL SITE		
	Name: Minerva Landfill		
	Address: 9000 Minerva Road		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: 330-866-3435		
<b>XIV.</b>	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
	Name: N/A	Title:	
	Authority:		
	Date of Order (mm/dd/yy):	Date Ordered to Begin (mm/dd/yy):	
<b>XV.</b>	FOR EMERGENCY RENOVATIONS		
	Date and Hour of Emergency (mm/dd/yy): N/A		
	Description of the Sudden, Unexpected Event:		
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: N/A		
<b>XVI.</b>	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. If it crumbles, it will be contained and treated as friable.		
<b>XVII.</b>	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
	 (Signature of Owner/Operator)		1/28/16 (Date)
<b>XVIII.</b>	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	 (Signature of Owner/Operator)		1/28/16 (Date)